



Commission on
Improving the
Status of Children

Commission on Improving the Status of Children

OCTOBER 21, 2020

Agenda

1. Welcome and Introductions
2. Consent Agenda
 - a. Minutes from August 2020 meeting

Agenda

3. Child Trauma and Resilience

David Westenberger and Dr. Zachary Adams

ACEs position statement

CISC Child Trauma & Resilience Committee

Dr. Zachary Adams, Chair

- Committee Overview
- Why a position statement on ACEs

David Westenberger, ACE Interface Trainer

- Overview of the ACEs Study

Child Trauma & Resilience Committee

Co-Chairs: Zachary Adams, Ph.D. (IU Psychiatry) & **Amber Becker** (FSSA-DMHA)

Members:

Sirrilla Blackmon, FSSA-DMHA

Christy Gauss, SCP Consultants, LLC

Kory George, Wayne Co. Juvenile Probation
Dept.

JauNae Hanger, Children's Policy & Law
Initiative

Kristi Linson, ISDH

Kelly McBride, Domestic Violence Network

Laura Mobley, Traders Point Christian Church

Heidi Monroe, DCS

Hon. Charles Pratt, Allen Superior Court

Lindsay Hill Stawick, Domestic Violence Network

Karlin Tichenor, Ph.D., Indiana Youth Institute

David Westenberger, Indiana Youth Services Assn.

Jeff Wittman, IDOE

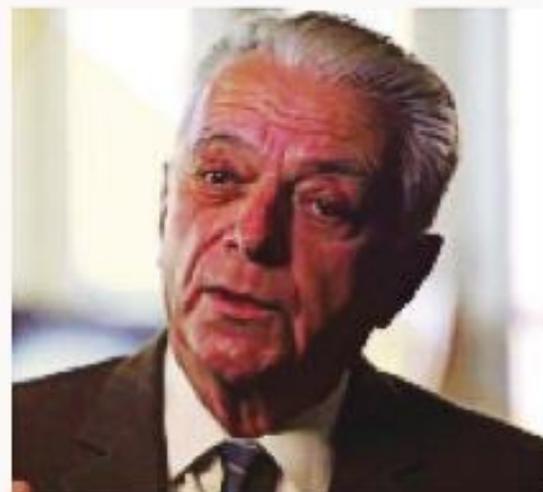


Memory of our experiences
IS STORED IN OUR BODY

01/12/14

NEWS

Early Adversity Increases Physical, Mental, Behavioral Problems, Scientists Report



Dr. Robert Anda & Dr. Vincent Felitti
Investigators

Centers for Disease Control & Prevention,
Kaiser Permanente Study

Over 17,000 study participants

The ACE Study confirms, with scientific evidence, that adversity early in life increases physical, mental and behavioral problems later in life.

SYNAPTIC DENSITY



At Birth



Elementary Age



Puberty



Single
Neuron

CONCEPTION



Danger

Fight
Flight
Freeze

Survive
Worst
Conditions

Childhood Experience

Adaptation

Adult Functioning



Safety

People
Process
Possibility

Survive Best
Conditions -
*Vulnerable in
Worst*

ADAPTATIONS VS EXPECTATIONS

WHEN BIOLOGY

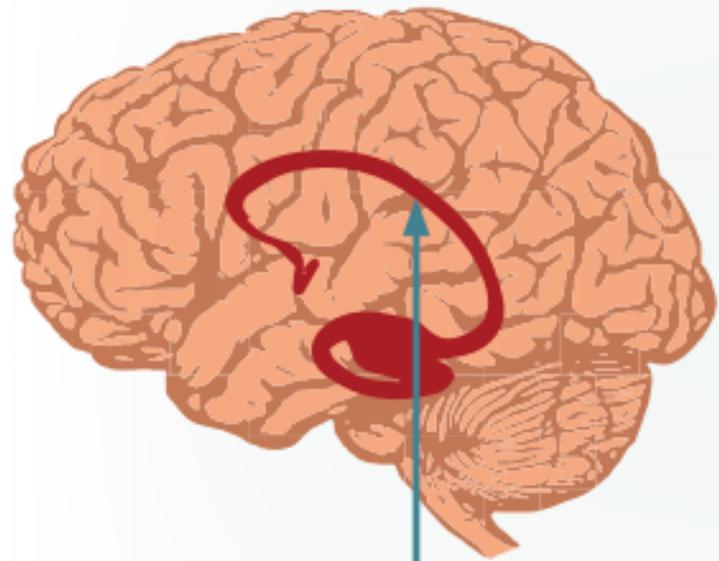
collides

WITH SOCIAL
EXPECTATIONS
we run into

TROUBLE



THE LIMBIC SYSTEM



Amygdala

Hippocampus

FIGHT
or
FLIGHT

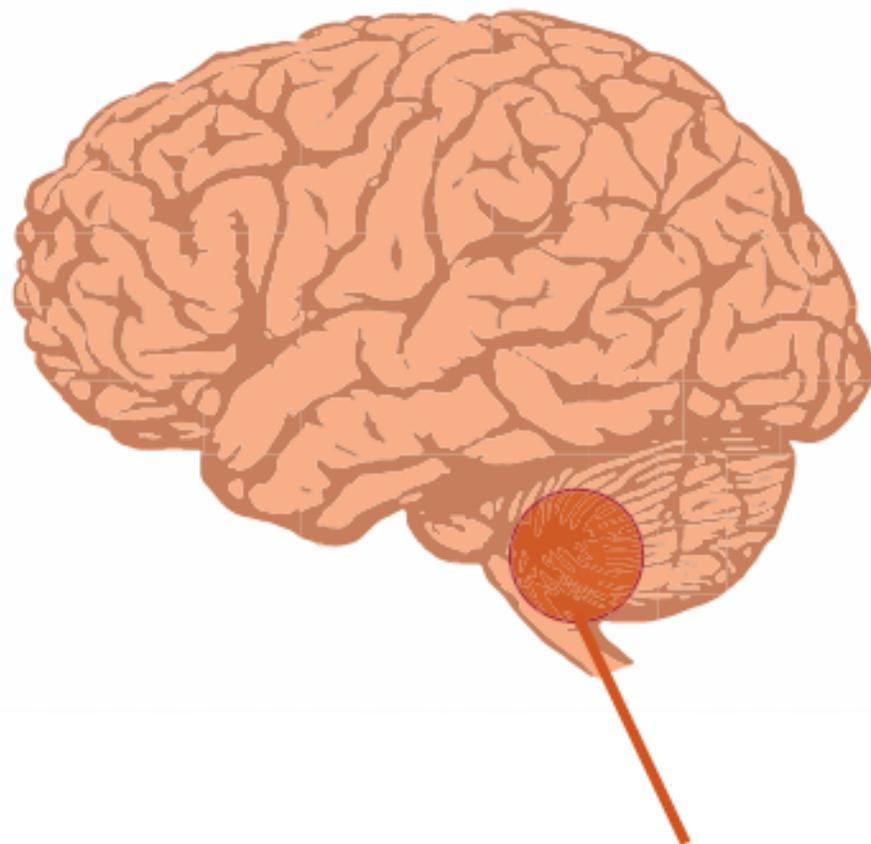
vital for
LEARNING
MEMORY
REWARD
REINFORCEMENT

regulates
HORMONES
MOOD
HEARTBEAT
SEXUAL BEHAVIOR

POSITIVE FEELINGS

Perception

Attention

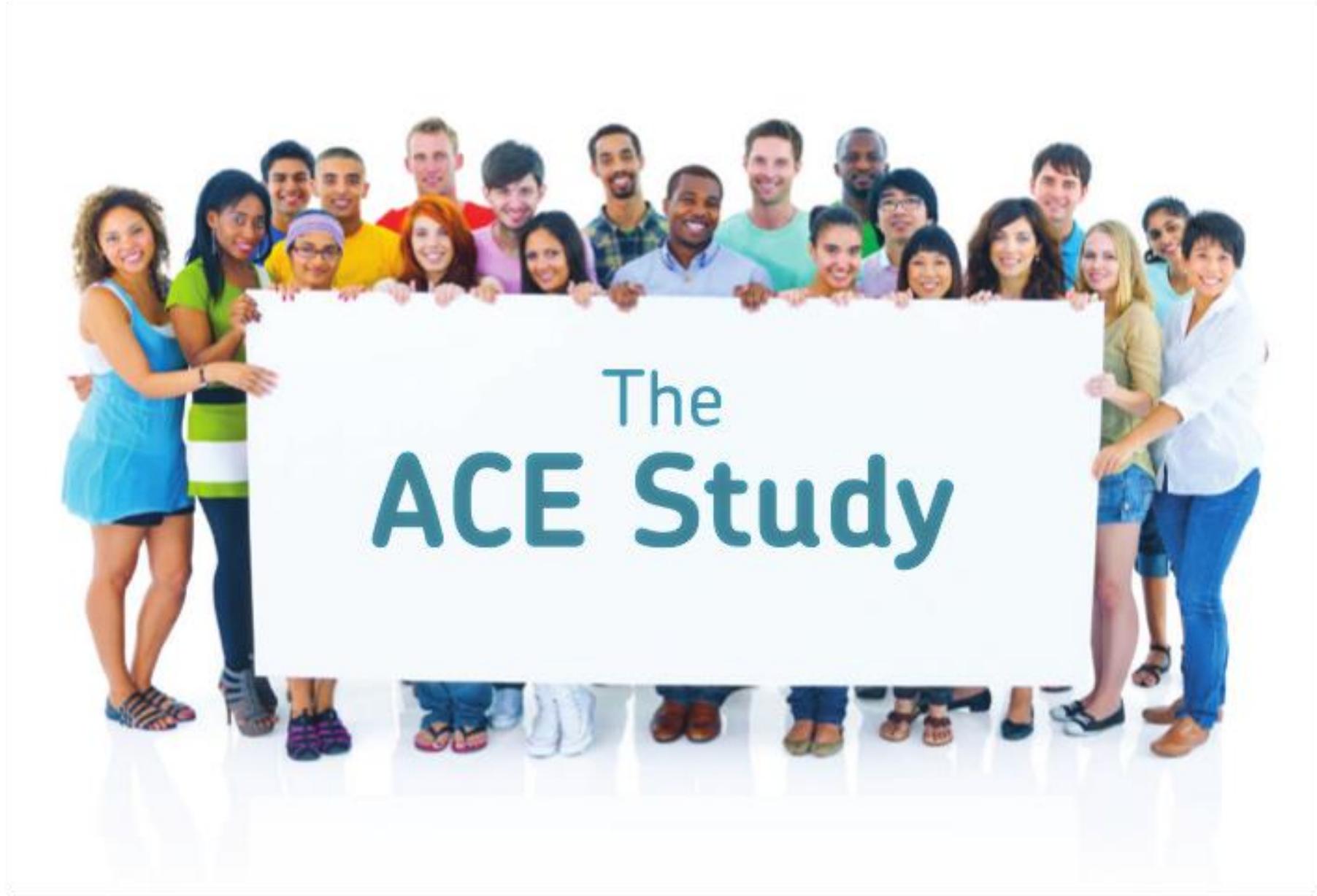


ADDICTION

Attention Problems

Mental Illness

Cerebellar Vermis



ACEs Are Not Destiny

ACEs Tend to Create Risk

Uses of the ACE Score

The ACE Score is

- A powerful research tool**
- A useful measure for public health**
- A measure of how adversity increases risk**
- A narrative history/communication tool**
- A common language**

The ACE Score is not

- A diagnostic tool**
- A screening tool. No cut-points for decision making**
- A predictor at the individual level**
- A fun quiz**

Adverse Childhood Experiences ARE COMMON

Household Dysfunction

Substance Abuse	27%
Parental Sep/Divorce	23%
Mental Illness	17%
Battered Mothers	13%
Criminal Behavior	6%

Neglect

Emotional	15%
Physical	10%

Abuse

Emotional	11%
Physical	28%
Sexual	21%

5

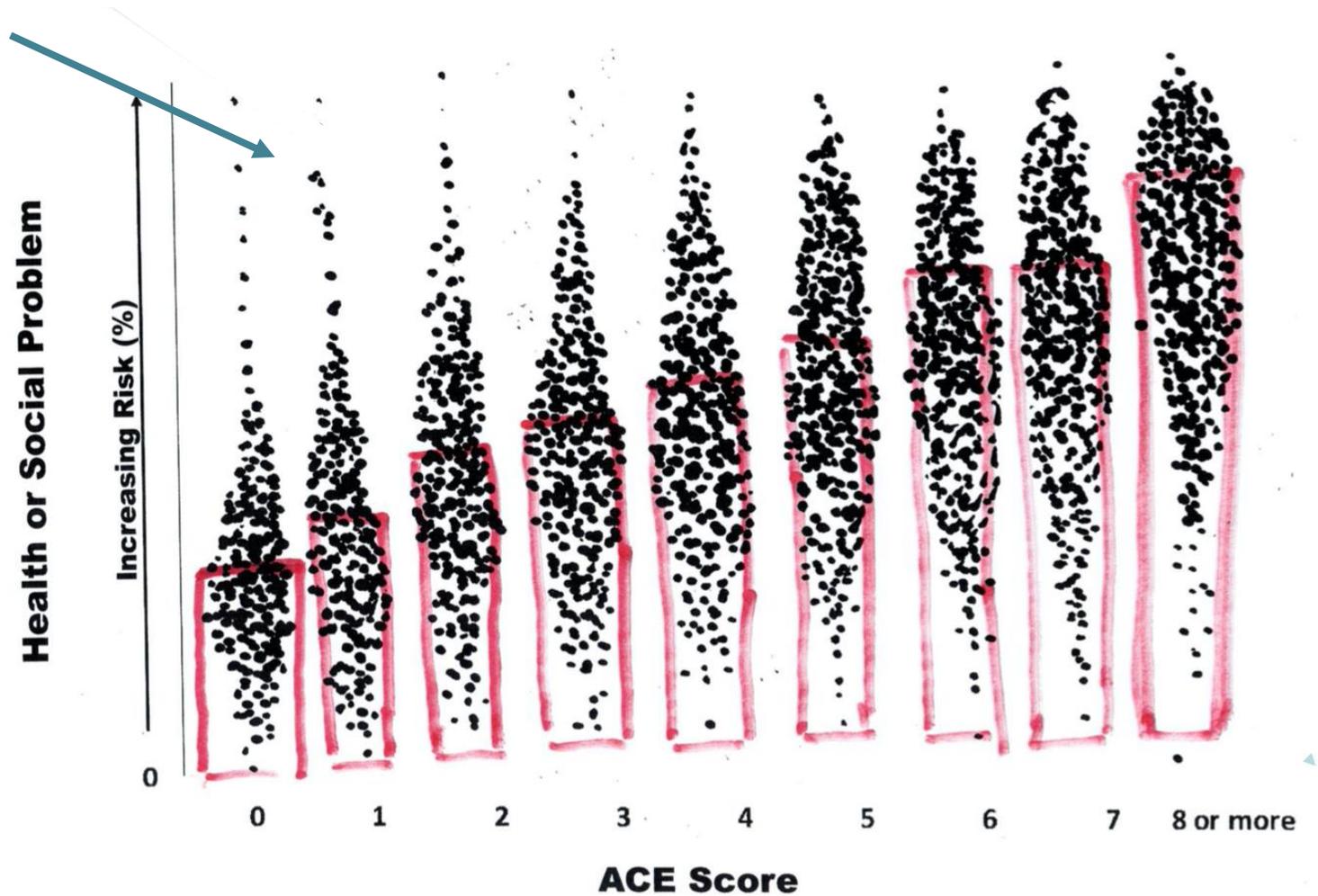
2

3

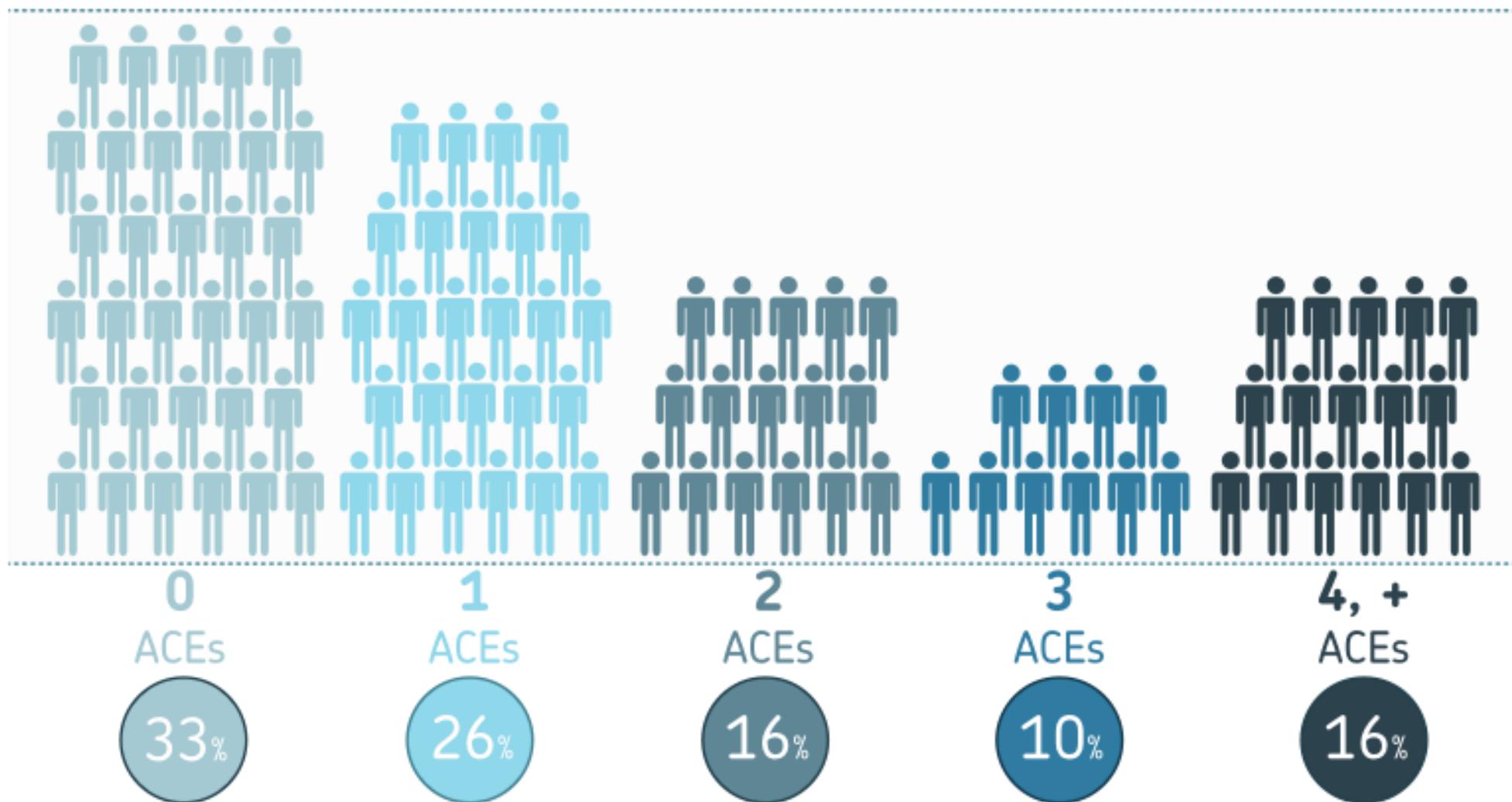
TOTAL 10 ACEs

ACE Scores are Averages

Stress
Biomarker

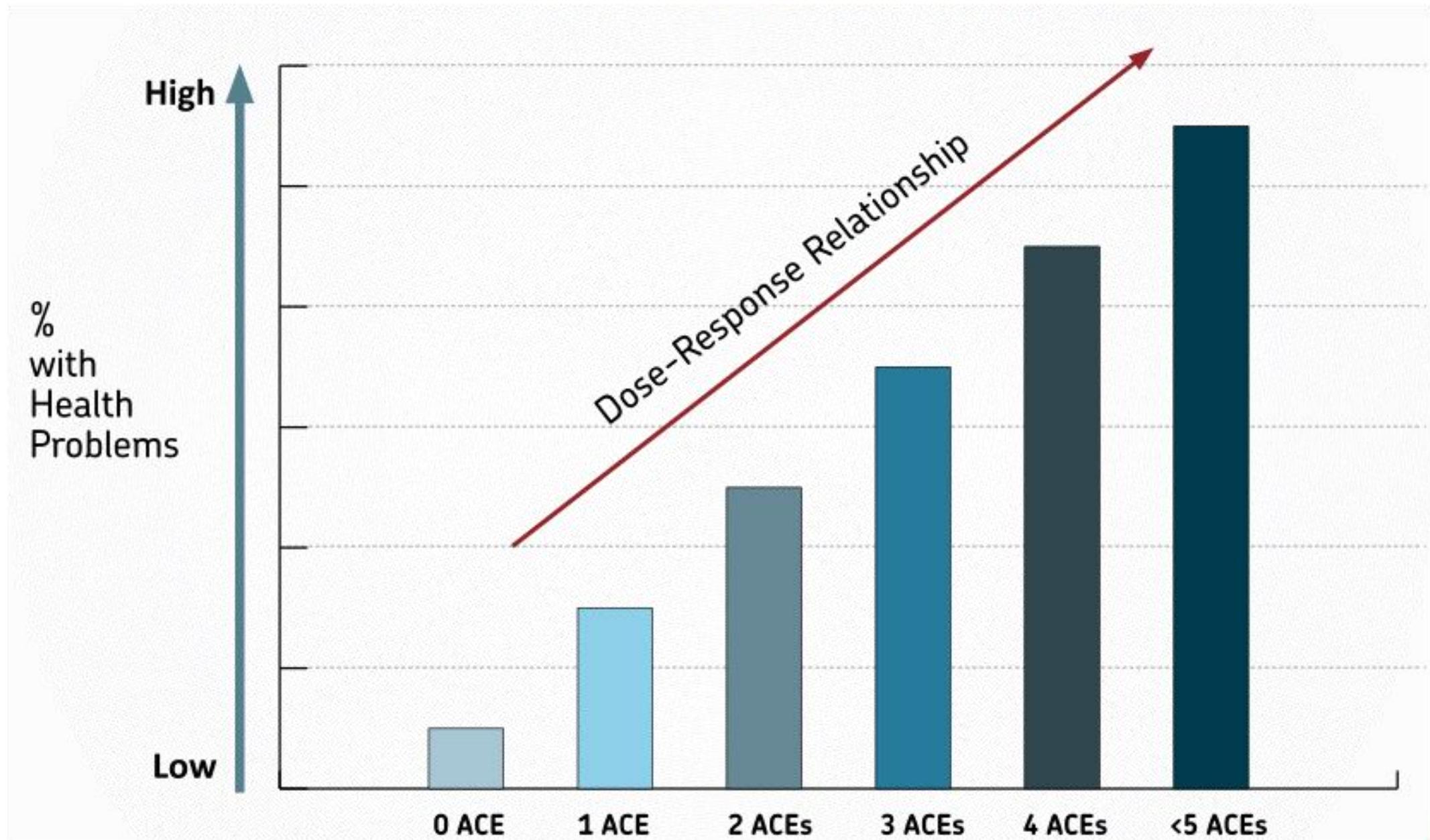


ACE Score = Number of ACE Categories

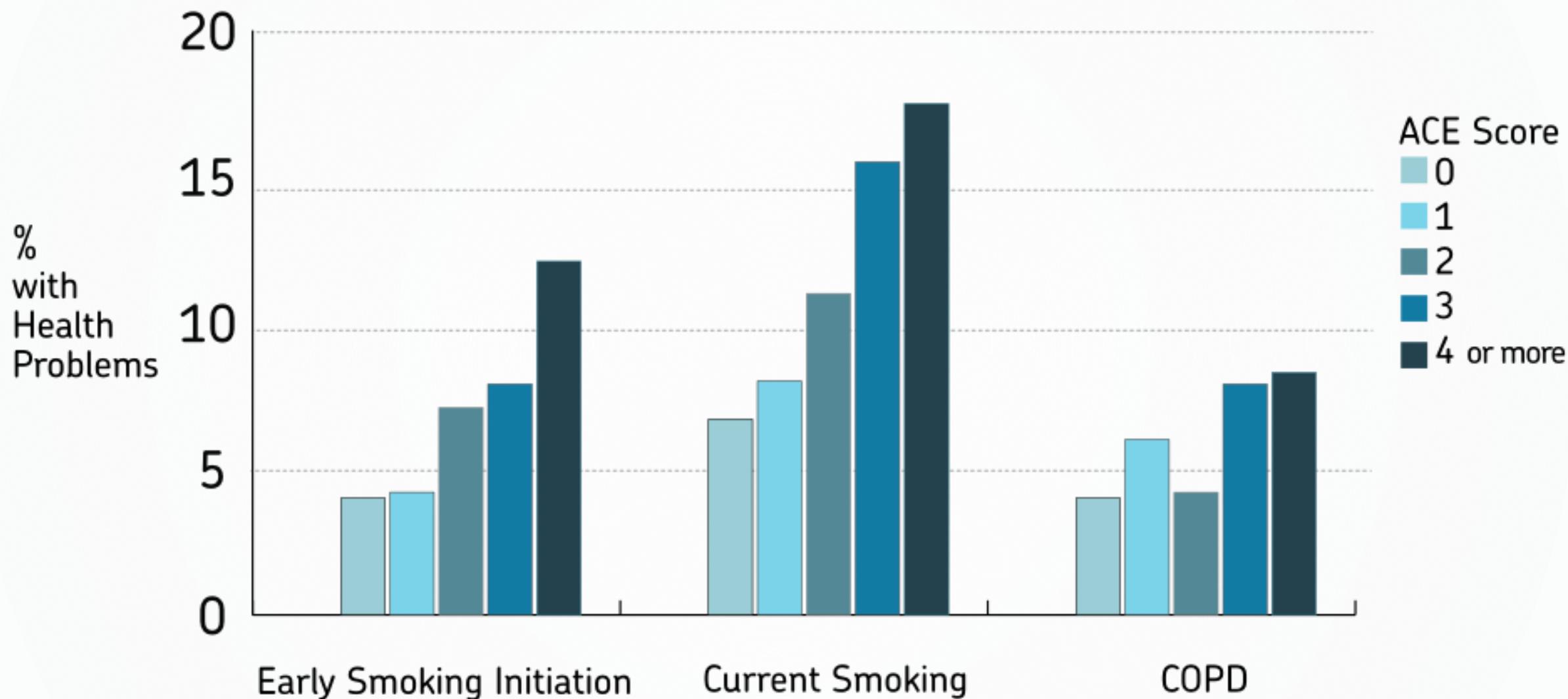


ACE Scores Reliably Predict Challenges During the Life Course

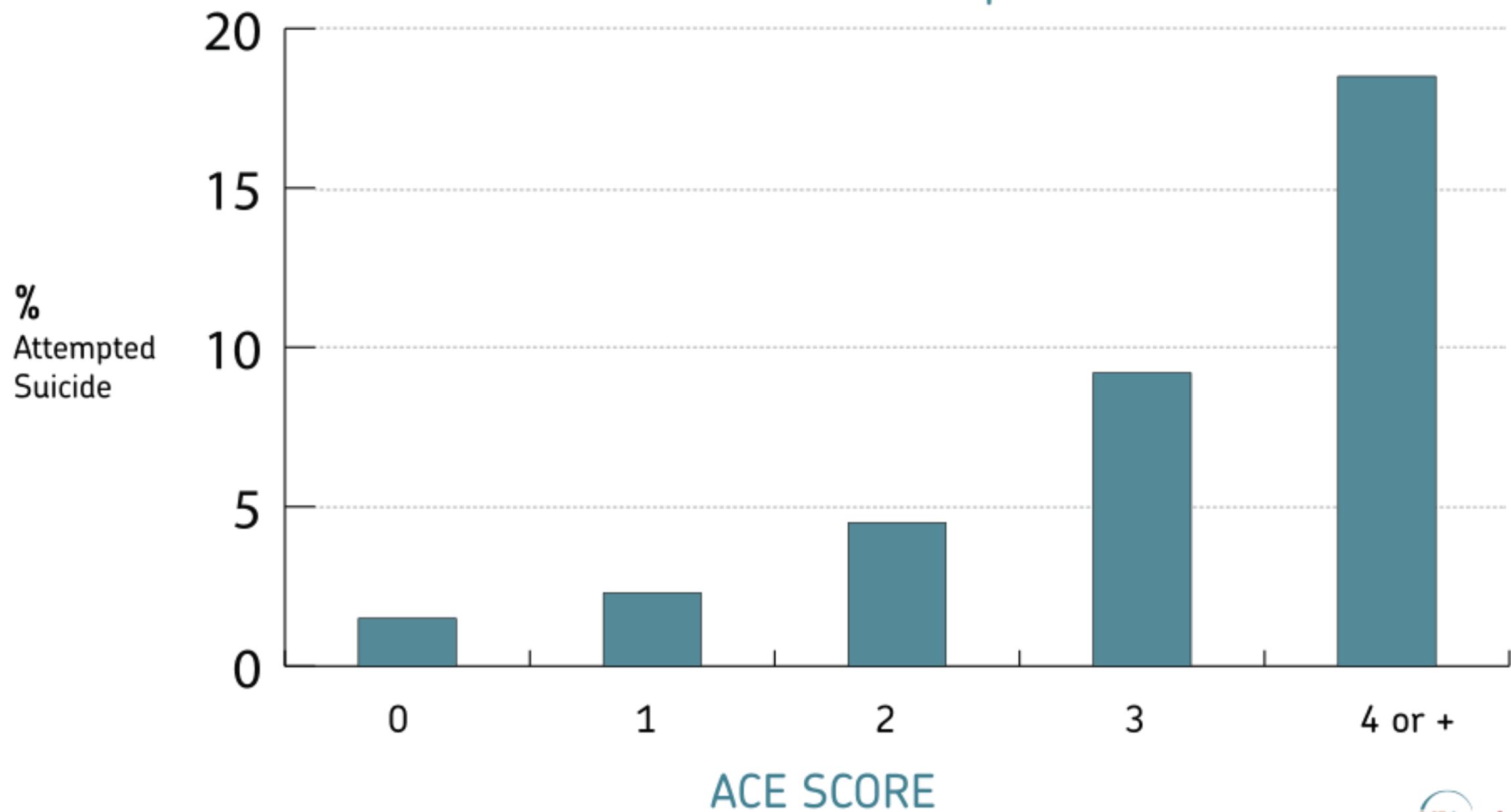
ACE Score and Health Problems



ACEs, Smoking and Lung Disease



ACEs & Suicide Attempt



EXAMPLES OF ACE-ATTRIBUTABLE PROBLEMS

Alcoholism & Alcohol Abuse

Chronic Obstructive
Pulmonary Disease

Coronary Heart Disease

Depression

Drug Abuse & Illicit Drug Use

Fetal Death

Intimate Partner Violence

Liver Disease

Mental Health Problems

Obesity

Sexual Behavior Problems

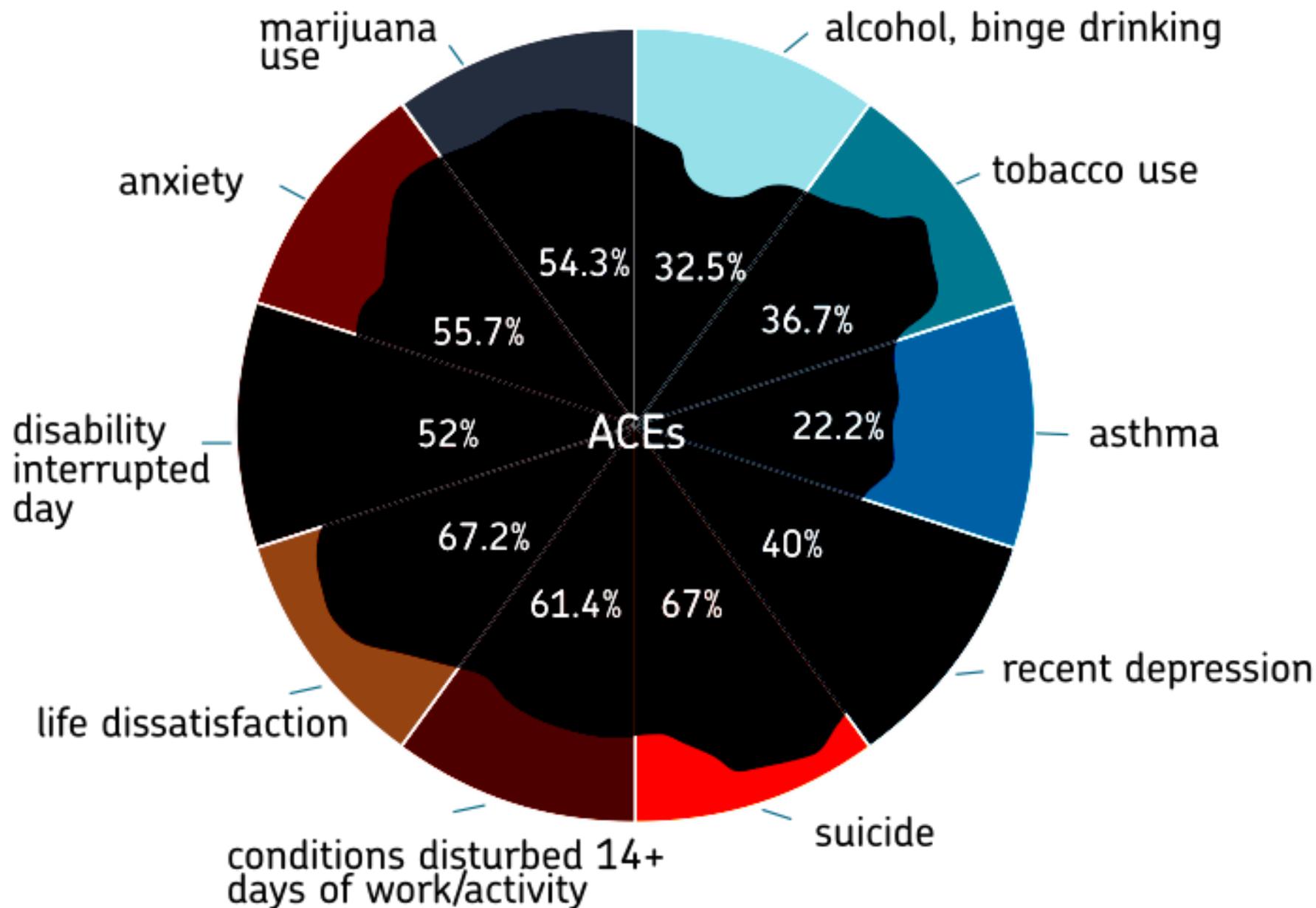
Smoking

Unintended Pregnancy

Violence

Workplace Problems

Population Attributable Risk



Controls: gender, age, income, education, race-ethnicity

What is Predictable Is Preventable



Community Capacity Development

Leadership Expansion

Coming Together

Shared Learning

Results-Oriented Decisions

Leadership Expansion

Coming Together

Shared Learning

Results-Oriented Decisions





ACES
Indiana Coalition
Growing awareness and building community



www.acesindiana.org

CISC Child Trauma & Resilience Committee

Dr. Zachary Adams, Chair

- Request to adopt position statement as practice
- Guidelines for safe and effective measurement of ACEs
- Child Trauma and Resilience Committee as a resource

Child Trauma & Resilience Committee

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Agenda

4. Strategic Priority: Child Health and Safety

Dr. Kris Box, Indiana Health Commissioner

Indiana Infant Mortality, 2019



Indiana
Department
of
Health

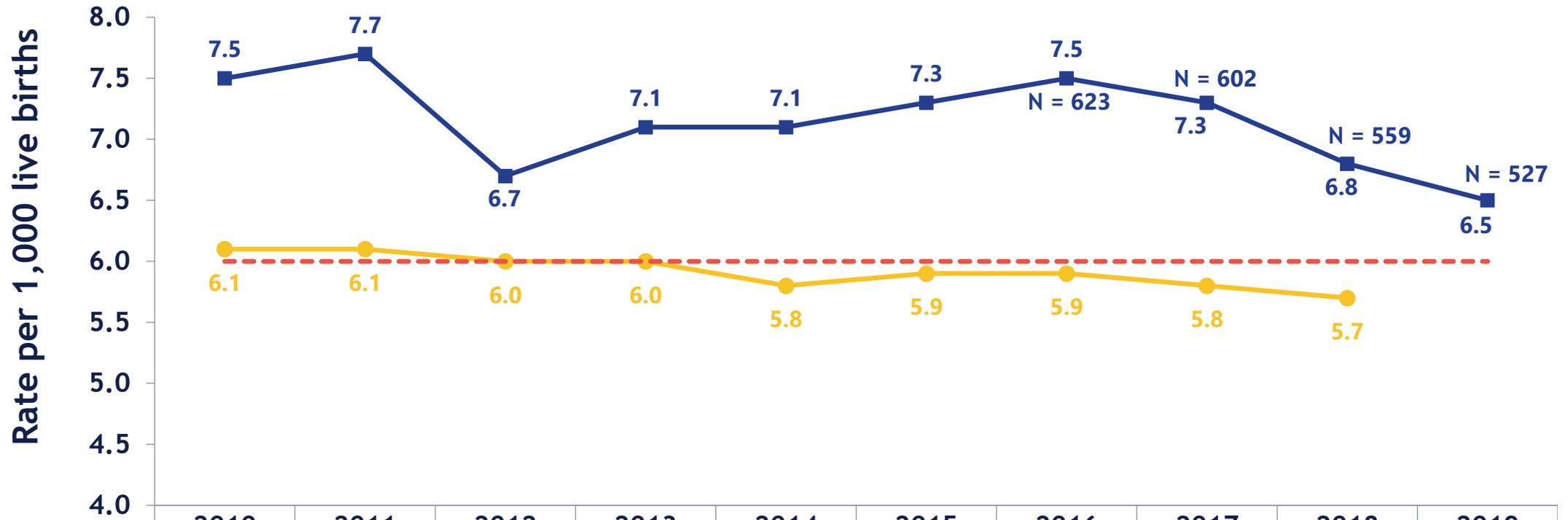
2019 INFANT MORTALITY DATA OVERVIEW

COMMISSION ON IMPROVING THE STATUS OF
CHILDREN IN INDIANA

10/21/2020

Infant Mortality Rates (IMRs) - Prelim

2010-2019



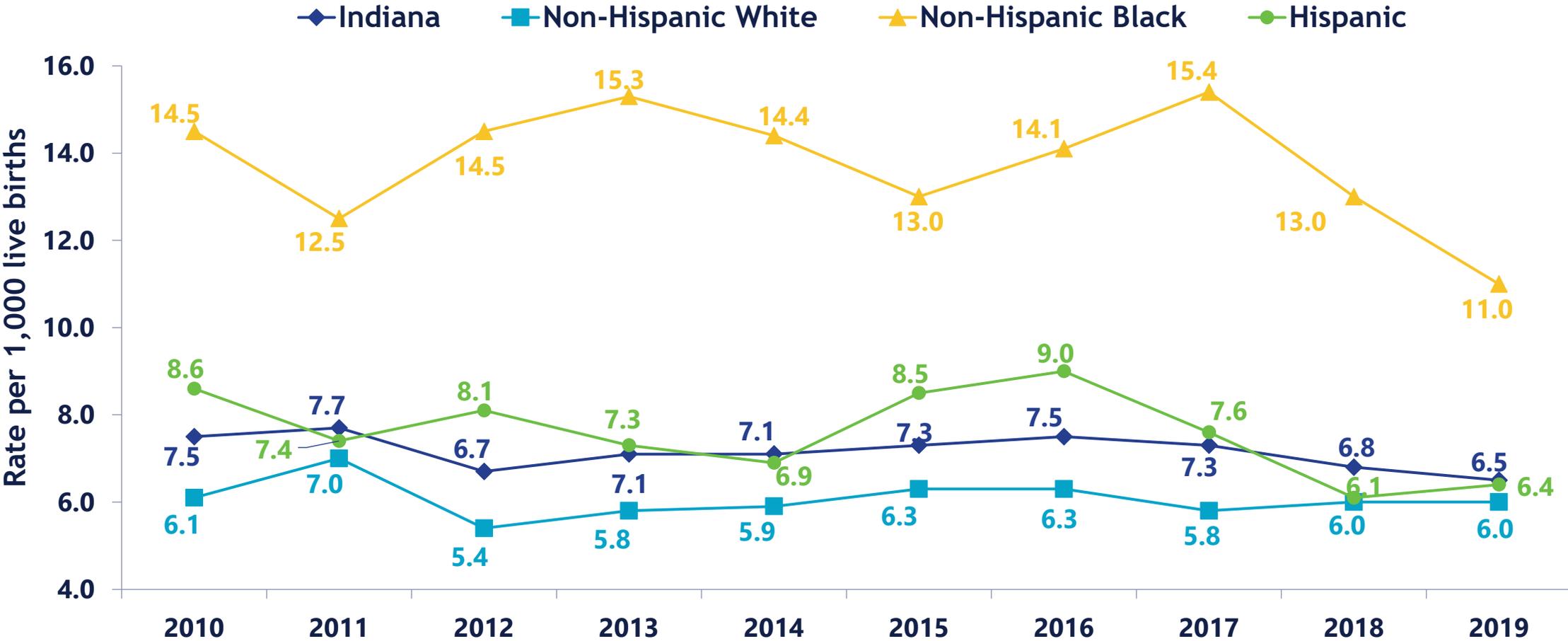
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
■ Indiana	7.5	7.7	6.7	7.1	7.1	7.3	7.5	7.3	6.8	6.5
● U.S.	6.1	6.1	6.0	6.0	5.8	5.9	5.9	5.8	5.7	*
- - - HP 2020 Goal	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0



Source: Indiana State Department of Health, Maternal & Child Health Epidemiology Division [September 21, 2020]
 United States Original Source: Centers for Disease Control and Prevention National Center for Health Statistics
 Indiana Original Source: Indiana State Department of Health, Vital Records, ERC, DAT

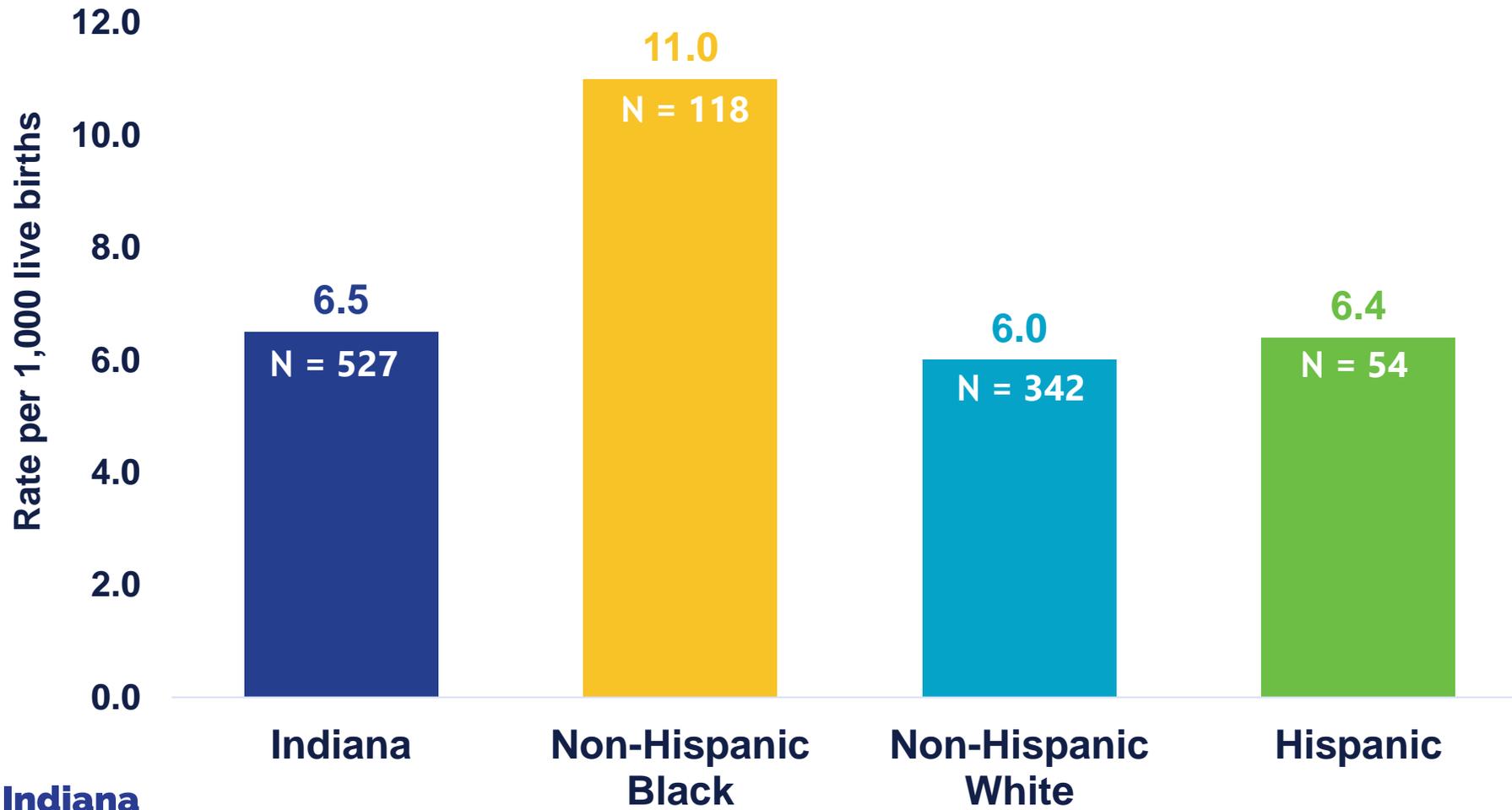
Indiana IMRs by Race and Ethnicity - Prelim

2010-2019



Source: Indiana State Department of Health, Maternal & Child Health Epidemiology Division [September 21, 2020]
 Indiana Original Source: Indiana State Department of Health, Vital Records, ERC, DAT

Infant Mortality by Race and Ethnicity- Prelim 2019



Agenda

5. Strategic Priority: Mental Health and Substance Abuse
Bethany Ecklor, DMHA
State- and federal-funded prevention programs in schools

School & Community Based Programs

for Substance Abuse Prevention and Mental Health Promotion

Bethany Ecklor

School & Community Based Programs Director

Indiana Division of Mental Health and Addiction





DMHA Youth and Prevention

- Funding for School-Based Prevention Programming
- Two Methods of Implementation
- Evidence Based Practices (EBPs)
- Goals and Outcomes for Youth

Substance Abuse Prevention and Mental Health Promotion

School-based implementation details by funding source

	State Child Psychiatric Services Fund	Federal SAP Block Grant (SAMHSA)
Total Annual Amount	\$3.5 million	\$5.56 million
Providers	3 Regional DMHA Contractors	15 Strategic Prevention Framework Communities
Implementation Location	Schools and Communities	Schools, after-school, media
Target Population	Students, teachers, parents and the community	Youth, parents and/or caregivers
Evaluation	Indiana Youth Institute	Prevention Insights/TPMA
Framework(s)	Regional model – SPF, MTSS	Strategic Prevention Framework (SPF)

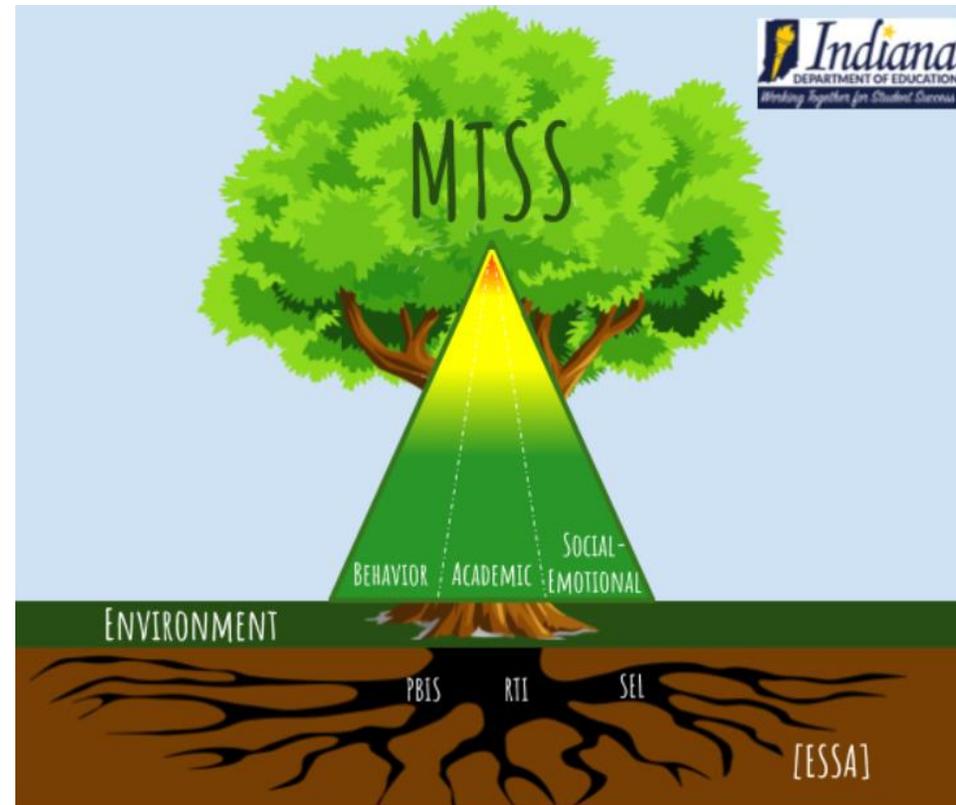
Strategic Prevention Framework



<https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf>



Multi-Tiered Systems of Support



<https://www.doe.in.gov/school-improvement/multi-tiered-system-supports>

Child Psych Program Transition

SFY2018-2019

- Smaller local grants
 - Community organizations
 - Schools
 - Prevention entities
 - Mental health providers
- 18 grantees in SFY2019
 - Cohort of 10 evaluated to develop statewide goals

SFY2020-2021

- Regional Contractors
- Three providers
- 10-county requirement
- Statewide goals

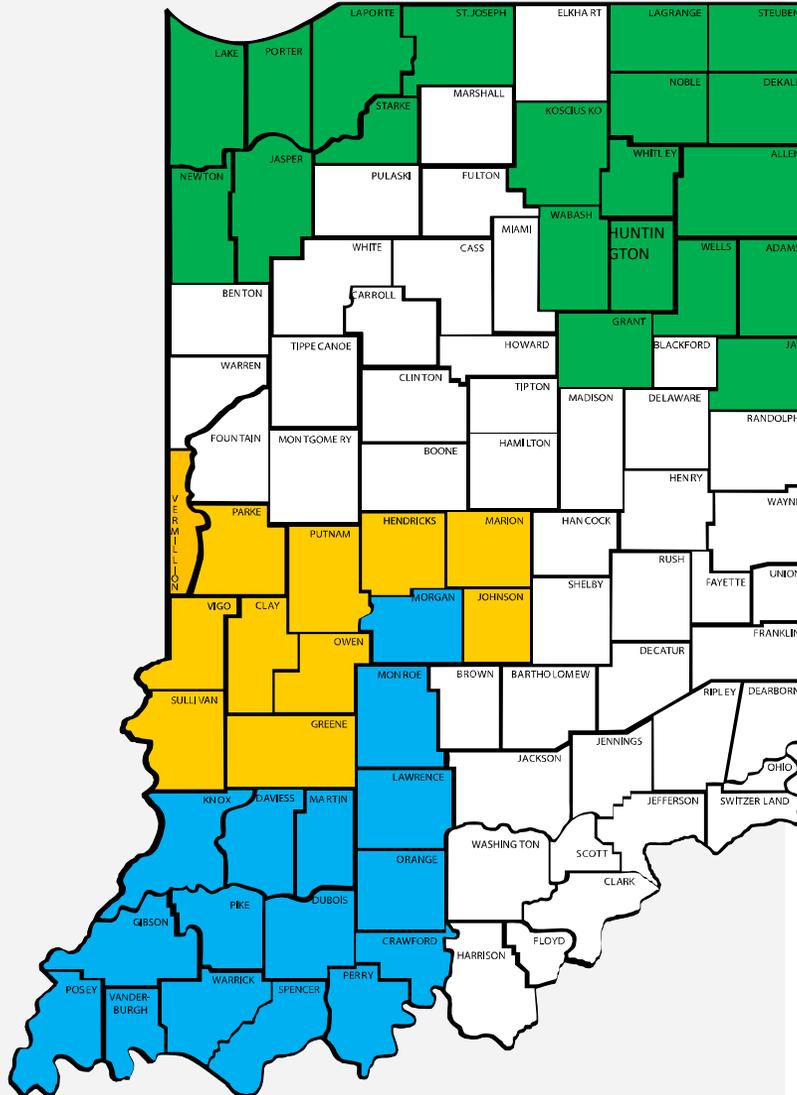


Historical Outcomes (2018-2019)

Cohort of 10 Grantees

- 6,000 students
 - Served/trained in Life Skills and/or Substance Abuse Prevention
- 5,500 students
 - Mental health services or referrals and connections to services
- 6,700 students
 - Training to help better identify and address suicidal behavior
- 2,000 faculty/staff trained
 - Improvements in knowledge of mental health indicators and available services in the community
- 4,000 community members
 - Over 80% reported increased knowledge of mental health issues and community resources





Regional School-Based EBP Providers

- Three Regional Providers
 - The Lutheran Foundation (North)
 - Hamilton Center (Central)
 - Youth First (South)
- 39 out of 92 Counties
- Prioritizing School Partnerships
 - Readiness assessments
 - Alignment with education system
 - SEL and MTSS

Programs:

- Achievement Mentoring Program
- Ripple Effects
- Lifelines
- Question, Persuade, Refer (QPR)
- Signs of Suicide
- Sources of Strength
- CATCH My Breath Vaping cessation
- “Worth” media campaign
- Youth Mental Health First Aid
- Botvin LifeSkills Training
- Parent Cafes
- Talk, They Hear You
- Community Conversations
- Pride Initiative
- Conscious Discipline
- Guiding Good Choices
- Project Northland
- WhyTry
- Strengthening Families
- Teen Series
- The Truth Is
- Al’s Pals
- Coping and Support Training (CAST)
- Reconnecting Youth





Regional Provider Statewide Goals

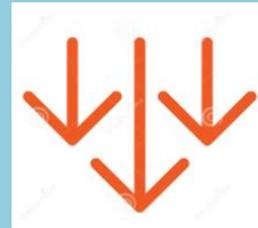
- Partnered with Indiana Youth Institute
- Developed through evaluation of previous grantees and analysis of new regional provider goals

IMPROVE



Life Skills
Connections to School/Community
School-related behaviors
Family Relationships

DECREASE



Positive attitudes toward
substance use.

INCREASE



Knowledge of Mental Health Interventions,
Knowledge of Suicide Prevention
Substance Abuse Prevention Approaches
Use of available resources and services

RAISE AWARENESS of



Youth substance use/abuse
Support for youth mental health issues
Available programs and services





Block Grant Prevention

- 15 funded communities
- 20% focused on Primary Prevention
- Provide Evidence-Based and/or Best Practice programs
 - Serve youth, parents and/or caregivers
 - School settings, after-school settings and/or through media efforts (billboards, commercials etc.)



1. Alcohol & Addictions Resource Center
2. Allen County Drug and Alcohol Consortium, Inc. (DBA DAC)
3. Boys and Girls Club of Wayne County
4. Delaware County Coordinating Council, DBA Delaware County Prevention Council
5. Family Services and Prevention Programs
6. Foundation for Youth of Bartholomew County Inc.
7. Southlake/Tri-City Management Corporation (DBA Geminus Corporation)
8. Healthy Communities of Clinton County, Inc.
9. Hoosier Uplands Economic Development
10. Intersect Inc.
11. Otis R. Bowen Center for Human Services, Inc.
12. Our Place Drug and Alcohol Education Services, Inc.
13. Scott County Partnership, Inc.
14. Upstream Prevention Inc.
15. Youth First

- Strategic Prevention Framework
- Community Assessments
 - Target population and community need
- 70% required Evidence-Based Programming
- DMHA-Approved Work Plans

SPF Spotlight Communities

Our Place Drug and Alcohol Education Services, Inc.

- Fort Wayne Community Schools (7th grade)
- Collaborates with Amani Family Services
- Programs:
 - Project ALERT (EBP)
 - Too Good for Drugs (EBP)
 - Prime for Life (EBP)
 - Bienvenido
 - Talk, They Hear You
 - What's Your Side Effect?

Boys and Girls Club of Wayne County

- Wayne County Boys and Girls Clubs
- Wayne County schools
 - Richmond Community Schools (4th - 8th grades)
- Programs:
 - Lifeskills Training (EBP)
 - Project ALERT (EBP)
 - Too Good for Drugs (EBP)
 - Why Try (EBP)
 - Career Launch
 - Talk, They Hear You



Questions?

Bethany Ecklor - Bethany.Ecklor@fssa.IN.gov

School & Community Based Programs Director
Regional School-Based EBP Contracts, IDOE Partnerships

Melissa Carroll - Melissa.Carroll@fssa.IN.gov

Bureau Chief of Mental Health Promotion and Addiction Prevention
Prevention Block Grant - SPF Communities



Agenda

5. Strategic Priority: Mental Health and Substance Abuse

Claire Fiddian-Green and Sarah Hawkins, Richard M. Fairbanks Foundation

Prevention Matters



**RICHARD M.
FAIRBANKS
FOUNDATION**

***Prevention Matters:*
Evidence-Based Substance Use
Prevention Programs in Schools**

October 21, 2020

**Claire Fiddian-Green, President & CEO
Sarah Hawkins, Senior Program Officer
Richard M. Fairbanks Foundation**

Overview

About the Foundation

Addressing Opioid Use Disorder

Overview of *Prevention Matters*

Scalability and Sustainability

Questions



About the Richard M. Fairbanks Foundation

The Richard M. Fairbanks Foundation strives to advance the vitality of Indianapolis and the well-being of its people by addressing the city's most significant challenges and opportunities.

The Foundation is focused on five goals across three focus areas:

Education

- improving academic outcomes for Indianapolis students
- minimizing underemployment and the workforce skills gap in Indianapolis

Health

- reducing tobacco use and eliminating youth nicotine use
- preventing and addressing substance use disorder

Vitality of Indianapolis

- supporting key economic drivers of the city (e.g., life sciences sector)

Three-pronged approach: grantmaking, research and evaluation, convenings and collaborations. Learn more at www.rmff.org.



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One of the Foundation's prior Health funding priorities was to address opioid use disorder

- From 2015 through 2019, one of our two funding priorities in Health was to reduce the rate of opioid use disorder (OUD).
- When we adopted this priority, our key question was: *where do we focus our philanthropic resources?*
- In 2020, we expanded our focus from OUD to substance use disorder more broadly.



Our initial work began with understanding OUD and potential approaches to addressing it

- **December 2015:** commissioned study on opioid use disorder from the Indiana University Richard M. Fairbanks School of Public Health at IUPUI
- **September 2016:** “The Opioid Epidemic in Indiana and Marion County” was released and identified three approaches to combatting opioid use disorder:
 - Treatment
 - Harm Reduction
 - Prevention
- **Prevention was identified as a significant gap since there was considerable work in the areas of expanding access to treatment and harm reduction**



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Substance misuse can start in middle school; school-based prevention programs are a critical tool

- School-based prevention programs have shown to meaningfully reduce short- and long-term substance use and misuse.
- These programs equip students with skills that help them avoid drugs and alcohol.
- They can also help improve attendance, classroom behavior, social and emotional well-being, and academic performance.
- Programs can also help reduce bullying and violence.



To be effective, prevention programs must be evidenced-based

Evidence-based drug prevention programs share several common characteristics:

- Curriculum-based and taught during school hours
- Teach decision-making, communications, self-regulation and other skills
- Take place over multiple classroom sessions throughout the year – not a one-time presentation
- Are designed to reduce use of a variety of drugs
- May be universal (all students) or targeted (students with high risk)



We surveyed Marion County K-12 schools; only 11% were implementing evidence-based prevention programs

Surveyed Marion County K-12 schools in Fall 2017

- Only 11% of schools had an evidence-based prevention curriculum
- The remainder had a program that was not evidence-based or had no program at all

Barriers identified in implementing an evidence-based drug prevention program included:

- Lack of information about effective programs
- Lack of professional development and ongoing support for teachers implementing prevention programming
- Lack of time and funding



We were also cognizant of other challenges we have seen throughout our grantmaking history

Challenges to long-term sustainability of grant-funded programs

- Lack of leadership engagement
- Staffing turnover
- Programs viewed as “nice to have” add-on programs versus a new approach to performing daily work

Additional challenges facing schools

- Multiple non-academic responsibilities in addition to core academics
- Limited hours in the day



In response to these findings, we launched *Prevention Matters*

- Launched in January 2018 as a three-year initiative for all Marion County K-12 schools starting with the 2018-19 school year
- Partnered with the Indiana Prevention Resource Center to identify 25 evidence-based programs
- Designed the initiative to provide funding only to those districts and schools genuinely committed to prevention and to sustaining the initiative at the end of the grant period
- Awarded grants in two stages:
 - Planning (non-competitive)
 - Implementation (competitive)



PREVENTION
matters

Proven programs to help schools
address substance use



Summary of *Prevention Matters*

- \$12 million initiative serving public and private K-12 schools in Marion County
- 27 grantees representing 155 schools
- At capacity, will serve approximately 82,000 students
- Evidence-based prevention programs (e.g., Second Step, Life Skills)
- During the grant period, the Foundation provides technical assistance to each grantee to help with implementation, sustainability planning and evaluation
 - EDC (implementation and sustainability planning)
 - RTI (evaluation)
- The Foundation regularly shares evaluation findings with schools and other stakeholders



Prevention Matters replication

- Through the Indiana Substance Use Disorder Funders Collaborative, which the Fairbanks Foundation co-convenes with the Governor's Office, *Prevention Matters* has been shared with funders statewide and has been replicated in three locations:
 - Healthcare Foundation of LaPorte: *Partners in Prevention*
 - North Central Health Services: *Resilient Youth Initiative*
 - Community Foundation of Bloomington and Monroe County: *Precision Health Network Fund* serving middle school students in a nine-county region



Key evaluation findings in first two years

Leadership Matters

- Superintendents and school leaders set the tone at the top for quality implementation and planning for sustainability

Commitment to Support Teachers/Staff

- Schools must commit to training new teachers/staff annually and providing booster training for existing teachers/staff
- Dedicated time period for instruction, with lesson reinforcement throughout the week across other classes
- Curriculum maps

Monitor Implementation Fidelity

- Regularly observe and provide feedback to teachers/staff to ensure quality of implementation

Regularly Measure Impact

- Measure and track early indicators of implementation success, e.g., students modeling competencies
- Districts/schools must develop rigorous data collection and reporting systems to track “hard outcomes”, e.g., suspensions

Plan for Sustainability

- Prioritize program implementation within district/ school budgets

Tailoring implementation during COVID-19

Challenges:

- COVID-19 school closures disrupted program implementation for over 75% of grantees, impacting program delivery and data collection
- The pandemic has heightened students' social and emotional needs

Adaptions:

- Increased funding for additional one-on-one TA support in schools, for implementation and also for data collection
- Program developers have developed online course options and accompanying resources for teachers and families; TA providers have shared these adaptations with our 27 grantees
- Program developers have joined affinity groups convened by EDC to create a direct feedback loop between developers and schools



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Key considerations for scalability and sustainability

Our Experience

- It's not enough to provide schools a list of evidence-based programs
- Technical assistance from experts in school-based prevention programs who come alongside schools is critical for getting off to a strong start and creating systems and processes that support quality implementation
- Ongoing training (for new staff and booster training for existing staff) is key
- Moderated communities of practice provide an important space for TA and peer-to-peer learning and troubleshooting
- There are recurring costs associated with license renewals and curricular materials purchase
- Schools need help figuring out how to braid funding streams for sustainability



Key considerations for scalability and sustainability

Future Considerations

- There is a need for a statewide repository of evidence-based programs updated regularly to reflect the latest information (e.g., vaping, eLearning realities during a pandemic) that is easily accessible and widely communicated
- There would be benefit to creating statewide communities of practice moderated by experts in the specific evidence-based program to support ongoing professional development for teachers and non-instructional staff
- There could be economies of scale achieved with program license purchases and annual training procured from program providers
- There is a need for start-up implementation funding, and technical assistance to help schools knit funding streams together to support sustainability



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Thank you!

www.rmff.org

www.rmff.org/preventionmatters

@RMFFIndy



Agenda

6. Strategic Priority: Juvenile Justice and Cross-System Youth
Rep. Wendy McNamara
Update on juvenile justice review project

Agenda

7. Executive Director and Committee Updates

Agenda

8. Future meeting topics or other discussion items
9. Next meeting: December 15, 10 a.m. – noon